

REQUEST FOR TERMINATION OF "INCOME WITHHOLDING FOR SUPPORT"

Cause: _____

Date: _____

Obligee (Payee)

Obligor (Payor)

I am requesting that a copy of Termination of "Income Withholding For Support" be sent to the employer of the obligor on the above styled case

Please send this request by the following method

First Class Mail _____ Fax _____ Certified Mail _____

Please provide the Name and Address of the Payroll Office for the employer:

EMPLOYER NAME : _____

PAYROLL ADDRESS: _____

City _____ STATE _____ ZIP _____

Signature of Requesting Party _____

For Office Use Only:

Certified Mail # _____

Date Sent _____